

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011872
STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 798

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mehlville		c. CITY OR TOWN Mehlville 4870.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nazareth Convent		d. STREET ADDRESS (If outside, give location) #2 Nazareth Lane	
3. NAME OF DECEASED (Type or print) First Middle Last Sister M. Anna Louise (Julia Mary) Neagle		4. DATE OF DEATH Month Day Year March 24, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 28, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher		10b. KIND OF BUSINESS OR INDUSTRY Parochial	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Michael Neagle	
13b. MOTHER'S MAIDEN NAME Anna McCue		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Sister M. Clarissa #2 Nazareth Lane, Lemay, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarct DUE TO (b) Hypertensive Heart Disease DUE TO (c) Arterio sclerosis - Rt. sided Hemiplegia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a), (b), and (c). Chronic Cholecystitis with Cholelithiasis		INTERVAL BETWEEN ONSET AND DEATH 4201 2 wks. 2 yrs. 2 mos.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at Jan. 3, '59, 8:48 A. to Mar. 24, '59 and last saw her alive on March 19, '59 m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE George A. O'Sullivan, M.D.	
22b. ADDRESS 7629 Ivory Ave.		22c. DATE SIGNED 3-24-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 26, 1959	
23c. NAME OF CEMETERY OR CREMATORY Nazareth Cemetery		23d. LOCATION (City, town, or county) (State) Mehlville, Missouri	
24. FUNERAL DIRECTOR'S ADDRESS C. Hornmeister Mortuaries 7814 So. Broadway St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. 3-25-59	
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Will C. Branson

Licensed Embalmer No. 476K

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.